DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration Center for Veterinary Medicine

## REQUEST FOR A MEETING OR TELECONFERENCE

Form Approved: OMB No. 0910-0452 Expiration Date: 11/30/2003

**PAPERWORK REDUCTION ACT STATEMENT**: A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a current valid OMB control Number. The public reporting burden for the collection of information is estimated to average 41 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary information, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the Food and Drug Administration, Center for Veterinary Medicine, HFV-6, 7500 Standish Place, Rockville, MD 20855.

Foo Cen 7500 Roc	this notice electronically to: d and Drug Administration ter for Veterinary Medicine (HFV- ) Standish Place kville, Maryland 20855 nail:cvmdcu@cvm.fda.gov)	)	DATE: INAD / NADA NO: DRUG: SPECIES:
The sponsor, , submits a request for a meeting or teleconference. This information is submitted in electronic form.			
I.	Request:		
1.	PROPOSED DATE(S) AND TIME(S):		
2.	SPONSOR PARTICIPANTS:		
3.	REQUESTED CVM PARTICIPANTS:		
4.	TYPE OF MEETING In Person Conference Other(specify):	Teleconfer	rence
5.	AUDIO-VISUAL REQUIREMENTS: Slides Other(specify):	Overhead	Computer Projection
II.	<b>Sponsor Information</b>		
1.	SPONSOR'S NAME:		
2.	SPONSOR'S ADDRESS:		
3.	SPONSOR CONTACT'S NAME:		
4.	SPONSOR CONTACT'S PHONE NUMBER:		

SPONSOR CONTACT'S FAX NUMBER: SPONSOR CONTACT'S E-MAIL ADDRESS: INAD/NADA No.: DATE:

III. Itemized Agenda (Attached):